

### **Project HEMC Assistance Information:**

Applicants must be Haywood EMC member-owners. The information obtained in this application is solely for the purpose of determining qualification for an Energy Assistance credit from the Project HEMC Assistance Program and will be kept in strictest confidence. The person signing this application warrants that the information provided is true and complete. Haywood EMC is authorized to make all inquiries deemed necessary to verify the accuracy of the statements made herein. Any deliberate falsehoods detected will result in the denial of the application. Credits are limited to one credit of \$200 per program period (outlined below) and will be credited to the member-owners account.

#### **Program Periods:**

- Winter – November – April
  - Summer: May – October
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### **Project HEMC Assistance Guidelines:**

1. Project HEMC Assistance is available to assist those needing help with their Haywood EMC bill due to high heating or cooling costs.
  2. The maximum amount that can be credited to each application is \$200 per program period. Only one application will be accepted per household during this time.
  3. Assistance pay will pay for Haywood EMC electric bills only and will be credited to the member-owners account.
  4. You will be required to provide proof of income/federal tax return information. Please send this in with your application.
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### **Project HEMC Assistance Requirements**

1. Must be a Haywood EMC member-owner whose name is on the account.
2. Must provide proof of annual income (Federal and State income tax returns, Social Security statement, etc.) W2's are not accepted in place of tax returns. Applications cannot be submitted without this proof.
3. Annual Income must not exceed:
  - \$30,120 if one person lives in the household
  - \$40,880 – 2 people in household
  - \$51,640 – 3 people in household
  - \$62,400 – 4 people in household
  - \$73,160 – 5 people in household
  - \$83,920 – 6 people in household
  - \$94,680 – 7 people in household
  - \$105,440 – 8 people in household
  - For larger households, add \$10,500 per person

**Application for Project HEMC Assistance**  
*Application Window: Winter*  / *Summer*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Account #: \_\_\_\_\_ Phone #: \_\_\_\_\_

1. Do you meet the application requirements listed on Page 1?  Yes  No
2. Is there anyone in your household under the age of 18 or over 65?  Yes  No
3. Is there a medical necessity in the home?  Yes  No
4. Have you applied for or been able to get financial assistance for your electric bill from another agency?  
 Yes  No
5. Is the account prepaid metering?  Yes  No

Member-owner signature: \_\_\_\_\_ Date: \_\_\_\_\_